



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

01/14/2025

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

**IMPORTANT:** If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

<b>PRODUCER</b> Arthur J. Gallagher Risk Management Services, Inc. 200 S. Orange Ave, Suite 750 Orlando, FL 32801	<b>CONTACT NAME:</b> Stonehenge Certificates <b>PHONE (A/C, No, Ext):</b> 5617465027 <b>E-MAIL ADDRESS:</b> GGB.Tequesta.Certs@ajg.com <b>FAX (A/C, No):</b>
<b>INSURED</b> Bradford Holding Company, Inc. dba Unique Staff Leasing I Ltd. dba Unique Employment 4646 Corona, Ste. 105 Corpus Christi, TX 78411	<b>INSURER(S) AFFORDING COVERAGE</b> <b>INSURER A:</b> Prescient National {12773} <b>INSURER B:</b> <b>INSURER C:</b> <b>INSURER D:</b> <b>INSURER E:</b> <b>INSURER F:</b>
	<b>NAIC #</b>

**COVERAGES****CERTIFICATE NUMBER:** XYP683VT**REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	<b>COMMERCIAL GENERAL LIABILITY</b> <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:						EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$ \$
	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	<b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE DED <input type="checkbox"/> RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
A	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> Y / <input checked="" type="checkbox"/> N (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		N / A	XS150-000014-124	12/31/2024	12/31/2025	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000 \$ \$ \$ \$ \$

**DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES** (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Workers' Compensation Coverage indicated above is Excess of \$900,000 Self Insured Retention. Insured is a CERTIFIED SELF INSURER in the State of Texas and a member of the Certified Self Insurer Guaranty Association.  
Coverage is provided to only those employees leased to but not subcontracted to the Alternate Employer, Bradford Holding Company Inc dba Unique Staff Leasing I Ltd dba Unique Employment.  
Blanket Waiver of Subrogation Applies in Favor of the Certificate Holder as Required by Written Contract.

**CERTIFICATE HOLDER**

Workforce Solutions Northeast Texas  
911 North Bishop Road, Bldg. A, Suite 100  
Wake Village, TX 75501-6328

**CANCELLATION**

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

Endorsement Effective: 12/31/2024

Policy No.: XS150-000014-124

Named Insured: Bradford Holding Company, Inc et al

---

**Alternate Employer Endorsement**

In the event of bodily injury to your Employee while in the course of special or temporary employment with another employer (the "Alternate Employer"), we will, subject to the Retention(s) and Limit(s) of this Policy, indemnify you for workers' compensation benefits you pay to the Employee, his or her dependents, or to the Alternate Employer on behalf of the Employee, but only if all of the following conditions exist:

1. The Employee is injured while working for the Alternate Employer.
2. The Employee normally worked for the Alternate Employer in a State named in Schedule Item 3.
3. Before the date the Employee was injured, you signed a written contract with the Alternate Employer which requires you to provide workers' compensation coverage for the Employee.

The following conditions also apply:

1. Part Five – Premium, Section D. Payroll, shall include payroll attributable to work performed by your Employees while in the course of special or temporary employment by the Alternate Employer.
2. Part Four – Claims applies to you and the Alternate Employer. It is your obligation to ensure the Alternate Employer's compliance with the duties and obligations set forth in Part Four – Claims.
3. This Policy may be canceled according to its terms without sending notice to the Alternate Employer.
4. This endorsement is not intended to satisfy the Alternate Employer's duty to secure its obligations under the Workers' Compensation Law. We will not file evidence of this insurance on behalf of the Alternate Employer with any government agency.

---

**PRESCIENT NATIONAL INSURANCE COMPANY**

---

Countersigned By

This endorsement forms part of the Policy to which attached, effective on the inception date of the Policy unless otherwise stated herein. All other terms and conditions of the Policy remain unchanged.

**Endorsement**

Endorsement Effective: 12/31/2024

Policy No.: XS150-000014-124

Named Insured: Bradford Holding Company, Inc et al

---

**Waiver of Subrogation by Written Contract Surcharge Endorsement**

In the event that you have waived your right to subrogation against a third party under the terms of a written contract entered into by you prior to the date of injury to your Employee for whom you have paid Loss, we will also waive any right of subrogation we have against that third party, but only with respect to said Loss, and only if our waiver is required by the written contract.

All other parts of Section K. Recovery, of Part Four – Claims of this Policy remain in effect and are unchanged by this endorsement.

In consideration for coverage provided under this endorsement, the charge is included in the consolidated net rate.

---

**PRESCIENT NATIONAL INSURANCE COMPANY**

Countersigned By

This endorsement forms part of the Policy to which attached, effective on the inception date of the Policy unless otherwise stated herein. All other terms and conditions of the Policy remain unchanged.

Endorsement Effective: 12/31/2024

Policy No.: XS150-000014-124

Named Insured: Bradford Holding Company, Inc et al

**Miscellaneous Endorsement****SPECIAL NOTICE OF CANCELLATION SERVICE TO SCHEDULED THIRD PARTIES**

In consideration of the payment of premium and adherence by both parties to the terms of this Agreement, the following is hereby understood and agreed:

As a special service to the EMPLOYER, the CORPORATION will mail a copy of any written notice of cancellation of this Agreement to the below specified individual(s) or entity(ies).

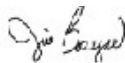
Scheduled Individual(s) or Entity(ies)

AS REQUIRED BY WRITTEN CONTRACT

If the CORPORATION is cancelling for any reason other than non-payment of premium, a copy of such notice of cancellation will be mailed within thirty (30) days prior to the effective date of cancellation. If the CORPORATION is cancelling due to non-payment of premium, such notice of cancellation will be mailed within ten (10) days prior to the effective date of cancellation.

Notice of cancellation of coverage provided to a certificate holder is a courtesy only. Failure to provide such notice will not extend the cancellation date, negate the cancellation of the Agreement, nor confer any rights or expectations upon the certificate holder, nor subject the CORPORATION, its agents or representatives to liability for failure to provide notice.

PRESCIENT NATIONAL INSURANCE COMPANY



Countersigned By

This endorsement forms part of the Policy to which attached, effective on the inception date of the Policy unless otherwise stated herein. All other terms and conditions of the Policy remain unchanged.